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Bib Data Sheet

CONFIRMATION NO. 5590

SERIAL NUMBER 10/607,020	FILING OR 371(c) DATE 06/26/2003 RULE	CLASS 345	GROUP ART UNIT 2174	ATTORNEY DOCKET NO. 60001.0245US01/MS301752.1
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APPLICANTS

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** CONTINUING DATA *****

NONE CVN

** FOREIGN APPLICATIONS *****

NONE CVN

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 09/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 10	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

27488

TITLE

Side-by-side shared calendars

FILING FEE RECEIVED 1128	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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